03/18/2011 15:37

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2011 02 28 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 03 18 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/28

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D 02 0 1 2011 0.2 28 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011 ° 253887.79 January 1 (b) Cash on Hand at 278319.31 Begining of Reporting Period ..... 27761.82 57515.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 306081.13 311403.39 6(a) and 6(c) for Column B) ..... 72548.10 77870.36 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 233533.03 233533.03 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on

Schedule C and/or Schedule D) .....

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 28

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

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м м 0 2 D D 28

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	19200.42	39955.84
	(ii) Unitemized	7729.41	16216.91
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	26929.83	56172.75
(1	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26929.83	56172.75
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	831.99	1342.85
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	27761.82	57515.60
	otal Federal Receipts subtract Line 18(c) from Line 19)	27761.82	57515.60

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	548.10	870.36
	Expenditures(c) Total Operating Expenditures	340.10	870.30
	(add 21(a)(i), (a)(ii) and (b))	548.10	870.36
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	72000.00	77000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
(a	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	72548.10	77870.36
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	=== :: ::	
	from Line 31)	72548.10	77870.36

## **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	otal Contributions (other than loans) om Line 11(d), page 3)	26929.83	56172.75
-	otal Contribution Refunds rom Line 28(d))	0.00	0.00
	et Contributions (other than loans) ubtract Line 34 from Line 33)	26929.83	56172.75
	otal Federal Operating Expenditures dd Line 21(a)(i) and Line 21(b))	548.10	870.36
	ffsets to Operating Expenditures om Line 15, page 3)	831.99	1342.85
	et Operating Expenditures ubtract Line 37 from Line 36)	-283.89	-472.49

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jerome W Bentz, MD  Mailing Address PO BOX 818			Date of Receipt  0 2 1 8 2 0 1 1
City Platte  FEC ID number of contributing federal political committee.	State SD	Zip Code 57369-0818	Transaction ID: C1191100  Amount of Each Receipt this Period  365.00
Name of Employer Platte Health Center  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD Mailing Address 830 Arbor Ln			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Glenview FEC ID number of contributing federal political committee.	State IL	Zip Code 60025-3234	Transaction ID: C1189757  Amount of Each Receipt this Period  250.00
Name of Employer Family Medicine Associates of Lutheran Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		]
Full Name (Last, First, Middle Initial) Ronald G Cortte, MD  Mailing Address W5355 Koth Rd			Date of Receipt
City Tomahawk  FEC ID number of contributing federal political committee.	State WI	Zip Code 54487-8611	0 2 0 8 2 0 1 1  Transaction ID: C1186403  Amount of Each Receipt this Period  365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physicial Aggregate		]
SUBTOTAL of Receipts This Page (optional	l)	<b>)</b>	980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physicis	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Steven A Crawford, MD  Mailing Address 900 Ne 10Th St  City Oklahoma City  FEC ID number of contributing federal political committee.  Name of Employer University of Oklahoma  Receipt For: Primary General Other (specify)	State OK  C  Occupation Physician Aggregate		Date of Receipt    M M   D D D   2 0 1 1   Transaction ID: C1241882    Amount of Each Receipt this Period   333.33
Full Name (Last, First, Middle Initial) Thomas M Dean, MD  Mailing Address 602 1St St Ne 409 W. 10th Street  City Wessington Springs  FEC ID number of contributing federal political committee.  Name of Employer Horizon Health Care  Receipt For: Primary General Other (specify)	State SD C Occupation Physician Aggregate		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Colette Ann Ducheneaux, MD Mailing Address 2705 Us Highway 12  City Mobridge  FEC ID number of contributing federal political committee.  Name of Employer Mobridge Regional Hospital  Receipt For: Primary General Other (specify)	State SD  C  Occupation Physician Aggregate		Date of Receipt  M M M / D B / Y Y Y Y Y  0 2 1 8 2 0 1 1  Transaction ID: C1191094  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1198.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28   (check only one)   X   11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Wanda D Filer, MD			Date of Receipt
Mailing Address 510 Aqua Ct	02 14 2011		
City York	State PA	Zip Code 17403-3623	Transaction ID: C1188149  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Strategic Health Institute	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
Mailing Address 1600 Providence D	r		0 2 2 2 2 2 0 1 1
City Waco	State TX	Zip Code	Transaction ID: C1241352
FEC ID number of contributing federal political committee.	C	76707-2261	Amount of Each Receipt this Period 416.67
Name of Employer Family Practice Center	Occupation Physician		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Francisco J Gutierrez Garcia, MD			Date of Receipt
Mailing Address 6542 Grande Bay			0 2 2 4 2 0 1 1
City Laredo	State TX	Zip Code 78041-1964	Transaction ID: C1239103  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700411304	365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	<b>I</b>		1131.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)    X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers ng the name and address of any political committee t ysicians Political Action Committee	
Full Name (Last, First, Middle Initial) Lori J Heim, MD Mailing Address 250 Hollybrook Fa  City Vass	arm Ln State Zip Code NC 28394-8952	Date of Receipt    M M M
FEC ID number of contributing federal political committee.  Name of Employer Scotland Memorial Hospital	Occupation	416.67
Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  833.34	
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address PO BOX 5039		Date of Receipt  0 2 1 1 1 2 0 1 1
City	State Zip Code	Transaction ID: C1187684
Sioux Falls	SD 57117-5039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD	l	Date of Receipt
Mailing Address 3258 N Monroe S	t	02 28 2011
City	State Zip Code	Transaction ID: C1239993
Tallahassee  FEC ID number of contributing federal political committee.	FL 32303-2822	Amount of Each Receipt this Period 5000.00
Name of Employer Patients First	Occupation  Medical Doctor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optio	nal)	5641.67

Any information copied from such Reports and Star or for commercial purposes, other than using the result of the r	name and ad	dress of any political committee to	Solicit contributions from such committee.  Date of Receipt	
American Academy of Family Physician  Full Name (Last, First, Middle Initial)  Mikel D Holland, MD  Mailing Address 100 Mac Ln  City  Pierre  FEC ID number of contributing	State	Action Committee	<del>-</del>	
Mikel D Holland, MD  Mailing Address 100 Mac Ln  City  Pierre  FEC ID number of contributing			<del>-</del>	
City Pierre FEC ID number of contributing			- '	
Pierre FEC ID number of contributing			02 18 2011	
FEC ID number of contributing		Zip Code 57501-3391	Transaction ID: C1191091  Amount of Each Receipt this Period	
	C	37301-3391	365.00	
Name of Employer Self Employed	Occupatio Physicia			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00		
Full Name (Last, First, Middle Initial) Charles V O Hughes, MD			Date of Receipt	
Mailing Address PO BOX 1289 116 A John Dupree Dr	02 24 2011			
City	City State Zip Code Levelland TX 79336-1289			
FEC ID number of contributing federal political committee.	C	79330-1269	Amount of Each Receipt this Period  365.00	
Name of Employer Self Employed	Occupatio Physicia			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 730.00		
Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt	
Mailing Address 1 Prime Care Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Selmer	State TN	Zip Code 38375-1864	Transaction ID: C1187634  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30373-1004	1000.00	
Name of Employer Primecare Medical Center	Occupatio Physicia		7	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)			1730.00	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Academy of Family Physici	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Jason L Knudson, MD			Date of Receipt
	Mailing Address 1420 N 10Th St			02 / 18 / 2011
	City <u>Spearfish</u>	State SD	Zip Code 57783-1532	Transaction ID: C1191095
	FEC ID number of contributing federal political committee.	C	37703-1332	Amount of Each Receipt this Period  1000.00
	Name of Employer RHP	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) Nancy T Lao, MD Mailing Address 641 Cortney Drive	<u> </u>		Date of Receipt
				02 07 2011
	City Elko	State NV	Zip Code	Transaction ID: C1186310
	FEC ID number of contributing federal political committee.	C	89801	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Patricia Jean Lindholm, MD			Date of Receipt
	Mailing Address 615 S Mill St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1241883
	Fergus Falls  FEC ID number of contributing federal political committee.	C	56537-2756	Amount of Each Receipt this Period  100.00
	Name of Employer Lake Region Medical Group	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
	SUBTOTAL of Receipts This Page (optional) .			1465.00
卜	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to sysicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brad Anthony McIntosh, MD Mailing Address 3330 W Okmulge	ee St	Date of Receipt
City	State Zip Code	0 2 2 5 2 0 1 1 Transaction ID: C1239228
Muskogee  FEC ID number of contributing federal political committee.	OK 74401-5069	Amount of Each Receipt this Period  365.00
Name of Employer Brad A McIntosh, MD, PC	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Wilfred Dean Miller, DO Mailing Address 3521 N Banner M	Aino Dr	Date of Receipt
City Tucson	State Zip Code AZ 85745-4103	Transaction ID: C1187638  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt
Mailing Address 104 W 5Th Ave S		02 / 28 / 2011
City <u>Spokane</u>	State Zip Code WA 99204-4803	Transaction ID: C1239427  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Inland Empire Hospital Se- rvices Associ Beceipt For:	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	980.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Family Physic		
Full Name (Last, First, Middle Initial) Patricia Mulready, MD Mailing Address 165 York Rd  City Middletown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	State Zip Code CT 06457-7903  C  Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Sara Joy Pastoor, MD Mailing Address 22002 Roan Blf  City San Antonio  FEC ID number of contributing federal political committee.	250.00  State Zip Code TX 78259-2714  C	Date of Receipt    M M
Name of Employer Army Medical Dept  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) William E Raduege, MD  Mailing Address PO BOX 1387	Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt
City  Woodruff  FEC ID number of contributing federal political committee.  Name of Employer William E Raduege, MD, SC (Corporation Receipt For:  Primary General Other (specify) ▼	State Zip Code WI 54568-1387  C  Occupation Physician  Aggregate Year-to-Date   500.00	Transaction ID: C1189758  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 14 / 28   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Daniel H Reiffenberger, MD			Date of Receipt
Mailing Address 4100 Golf Course F	02 18 2011		
City Watertown	State SD	Zip Code 57201-5416	Transaction ID: C1191092  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	37201-3410	365.00
Name of Employer Brown Clinic	Occupatio Physicia		
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Sam Edwin Rolon, DO			Date of Receipt
Mailing Address 6 E Lakemist Circle	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1188138
Spring  FEC ID number of contributing federal political committee.	C	77381	Amount of Each Receipt this Period  365.00
Name of Employer Tomball Regional Family Physicians	Occupatio Physicia		
Receipt For:		e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Georgia White Roth, MD			Date of Receipt
Mailing Address 1801 Foothills Dr			0 2 1 4 2 0 1 1
City	State	Zip Code	Transaction ID: C1188139
Kerrville FEC ID number of contributing federal political committee.	C	78028-3870	Amount of Each Receipt this Period  365.00
Name of Employer Retired	Occupatio Physicial		
Receipt For:		e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (optional	al)		1095.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Academy of Family Physic	Statements may not be sold or used by any persone name and address of any political committee to cians Political Action Committee	
Full Name (Last, First, Middle Initial) George Wm Shannon, MD  Mailing Address 2301 Slate Dr  City Columbus  FEC ID number of contributing federal political committee.  Name of Employer Horizons Diagnostics  Receipt For: Primary General Other (specify)	State Zip Code GA 31906-1443  C  Occupation family physicias  Aggregate Year-to-Date   500.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Dana Dana Sprute, Sprute  Mailing Address 1313 Red River St S Austin  City Austin  FEC ID number of contributing federal political committee.  Name of Employer Seton Family of Hospitals  Receipt For: Primary General Other (specify)	te 100  State Zip Code TX 78701-1923  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  M M M / D D / Y Y Y Y Y  0 2 0 9 2 0 1 1  Transaction ID: C1186452  Amount of Each Receipt this Period  365.00
Full Name (Last, First, Middle Initial) Albert M Sterns, MD  Mailing Address 1021 Drexel Pkwy  City Birmingham  FEC ID number of contributing federal political committee.  Name of Employer N.W Ala Emerg Phys  Receipt For: Primary General Other (specify)	State Zip Code AL 35209-6001  C  Occupation Physician Aggregate Year-to-Date   300.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		765.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Academy of Family Physics	nd Statements may not be sold or used by any perso g the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Glen R Stream, MD  Mailing Address 14408 E Sprague A  City	Ave State Zip Code	Date of Receipt    M
Spokane Valley FEC ID number of contributing federal political committee.	WA 99216-2167	Amount of Each Receipt this Period 500.00
Name of Employer Rockwood Clinic  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Julie E Sudduth, DO  Mailing Address 2271 S Olympic Hi	ills Ter	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: C1239232
Inverness	FL 34450-6229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Citrus Primary Care	Occupation Physician	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jon Gregory Thomas, MD Mailing Address 715 Harmony St Fl	12	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C1186417
Council Bluffs	IA 51503-3147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Algent Health Clinics	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (options		1230.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant name and address of any political committee to	
American Academy of Family Physi  Full Name (Last, First, Middle Initial)  Michelle A Turner, MD  Mailing Address PO BOX 287  City  Miller  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	State Zip Code SD 57362-0287  C  Occupation Physician Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y  O 2 1 4 2 0 1 1  Transaction ID: C1188507  Amount of Each Receipt this Period  365.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Raymond Raymond Watters, MD  Mailing Address 2800 Lawrence St #	365.00 K	Date of Receipt  0 2 0 1 1
City Great Lakes  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code IL 60088-2844  C Occupation Physician	Transaction ID: C1186454  Amount of Each Receipt this Period  273.75
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Randell K Wexler, MD	Aggregate Year-to-Date ▼  273.75	Date of Receipt
Mailing Address 6040 Haybury Dr  City  New Albany  FEC ID number of contributing federal political committee.	State Zip Code OH 43054-8691	Transaction ID: C1184304  Amount of Each Receipt this Period  500.00
Name of Employer Ohio State University  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician Aggregate Year-to-Date  500.00	
SUBTOTAL of Receipts This Page (optional)	)	1138.75

A.

В.

Receipt For:

Primary

Other (specify)

General

# SCHEDULE A (FEC Form 3X)

PAGE 18 / 28 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jason Wickersham, MD Date of Receipt Mailing Address 401 W Glynn Dr 02 2011 18 City State Zip Code Transaction ID: C1191097 Parkston SD 57366-9605 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Avera St. Benedict Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) Kent E Willyard, MD Date of Receipt Mailing Address 12695 Mcmanus Blvd Bldg 6A 0 2 8 0 2011 City State Zip Code Transaction ID: C1186419 **Newport News** V٨ 23602-4476 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer TPMG Occupation Physician

Aggregate Year-to-Date

365.00

		730.00
SUBTOTAL of Receipts This Page (optional)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TOTAL This Period (last page this line number only)	<u> </u>	19200.42

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 19 / 28 (check only one)  11a 11b 11c 12 13 14 X 15 16 17  In for the purpose of soliciting contributions
	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  American Academy of Family Physicia  Full Name (Last, First, Middle Initial)			solicit contributions from such committee.
A.	American Academy of Family Physicians  Mailing Address 11400 Tomahawk Cree	ek Pkwy		Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1188152
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		322.26
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1342.85	
В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Cred	ek Pkwy		02 25 7 2011
	City	State	Zip Code	Transaction ID: C1239233
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		509.73
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1342.85	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	831.99
TOTAL This Period (last page this line number only)	<b>•</b>	831.99

C.

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 20 / 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	or the purpose of solicit	ing contributions
NAME OF COMMITTEE (In Full)	and address of any political c	committee to son	cit contributions from s	such committee
American Academy of Family Physicians F	Political Action Committee	)		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disbursemen	
Mailing Address PO Box 53852			02 01	2011
	State         Zip Code           AZ         85072-3852		Amount of Each Dis	bursement this Period
Purpose of Disbursement Bank card processing fee				47.67
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
American Express			Transaction ID: D Date of Disbursemen	nt
Mailing Address PO Box 53852			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix}$	2011
,	State         Zip Code           AZ         85072-3852		Amount of Each Dis	bursement this Period
Purpose of Disbursement Bank card processing fee		•		66.63
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) American Express			Transaction ID: Date of Disbursemen	nt
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 3 \end{bmatrix}$	2011
	State         Zip Code           AZ         85072-3852		Amount of Each Dis	bursement this Period
Purpose of Disbursement Bank card processing fee				3.25
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				117.55

TOTAL This Period (last page this line number only) ......

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE			NE NUMBER: PAGE 21 / 28 only one)								
ITEMIZED DISBURSEMENTS		category of the Summary Page	١.	×	_		22 28a	П	23 28b	24 280	F	25 29	26 30b		
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam					y persor		the pu		se of s	oliciting o		butions	$\bot$		
NAME OF COMMITTEE (In Full)															
American Academy of Family Physicians	Political Ac	ction Committe	ee												
Full Name (Last, First, Middle Initial) American Express									on ID:	D111 ement	327				
Mailing Address PO Box 53852							0 <sup>M</sup> 2	М	<sup>/</sup> 0	<sup>D</sup> 4	Y	0 1 °	Y		
City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	Disburs	emer	nt this I	Period		
Purpose of Disbursement Bank card processing fee	, <u> </u>	00072 0002		0								15.11			
Candidate Name					egory/ /pe										
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial)						+									
American Express							Date		isburs			/ * V *	V		
Mailing Address PO Box 53852							0 <sup>M</sup> 2	IVI	′	7 /	2	0 1 -			
City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	Disburs	emer				
Purpose of Disbursement Bank card processing fee												2.76			
Candidate Name					egory/ vpe										
Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District:															
Full Name (Last, First, Middle Initial) American Express							Date	of D	on ID:						
Mailing Address PO Box 53852							0 <sup>M</sup> 2	М	<b>1</b>	1 /	Y	0 1 <sup>-</sup>	Y		
City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	Disburs	emer				
Purpose of Disbursement Bank card processing fee							<u></u>		_			11.86			
Candidate Name					egory/ /pe										
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District:		· 													
SUBTOTAL of Disbursements This Page (optional)											-	29.73			

TOTAL This Period (last page this line number only) ......

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 22 / 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		7.102 22720
	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians F	Political Action Committe	e		
Full Name (Last, First, Middle Initial) American Express			<b>Transaction ID:</b> Date of Disbursemer	
Mailing Address PO Box 53852			0 2 D D D D D D D D D D D D D D D D D D	2011
	State Zip Code		Amount of Each Dick	oursement this Period
Phoenix	AZ 85072-3852		Amount of Each Dist	
Purpose of Disbursement Bank card processing fee				12.68
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate	ment For:  Primary General	.,		
President State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	115452
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			02 16	Y 2011
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement	712 00072 0002			3.93
Bank card processing fee				
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: D	 115453
American Express			Date of Disbursemer	
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 2 & M \end{bmatrix}$	2011
	State Zip Code AZ 85072-3852		Amount of Each Disk	oursement this Period
Purpose of Disbursement Bank card processing fee	333.2 3362			0.98
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate	ment For: Primary General			
President State: District:	Other (specify) ▼			
SURTOTAL of Dishursements This Page (ontional)				17.59

TOTAL This Period (last page this line number only) .....

C.

ago# 11000020101			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	7 one) ☐ 22
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians F	Political Action Committee	e 	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D115454 Date of Disbursement
Mailing Address PO Box 53852			02 18 7 2011
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	AZ 05072-5052		12.55
Bank card processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For:	1 300	
Senate	Primary General		
President State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Towns allow ID D445455
American Express			Transaction ID: D115455 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix}$ $\begin{bmatrix} P & D \\ 2 & 2 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
Mailing Address PO Box 53852			0
,	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	AZ 03072-3032		12.46
Bank card processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ment For:  Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D115456 Date of Disbursement
Mailing Address PO Box 53852			02
	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement			3.25
Bank card processing fee			
Candidate Name		Category/ Type	
	ment For:	-	
Senate	Primary General		
State: President State:	Other (specify) ▼		
			28.26
<b>SUBTOTAL</b> of Disbursements This Page (optional) .		<b>&gt;</b>	20.20

TOTAL This Period (last page this line number only) .....

C.

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			OR LIN			R:			PA	GE	24 / 2	24 / 28				
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	П	22 28a	$\Box$	23 28b		24 28c	Н	25 29	П	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														5				
NAME OF COMMITTEE (In Full)																		
American Academy of Family Physicians F	Political Ac	tion Committe	е															
Full Name (Last, First, Middle Initial)  American Express							Trans		-	_		57						
Mailing Address PO Box 53852								и .		2 2	/ Y	ž	0 1 1	Y				
							-											
•	State AZ	Zip Code 85072-3852					Amou	nt o	Each	Dis	burse	men	t this F	Perio	b			
Purpose of Disbursement Bank card processing fee				·	•			_					1.01					
Candidate Name					gory/													
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		т у	<del>pe</del>													
State: District:		•																
Full Name (Last, First, Middle Initial)  American Express							<b>Trans</b> Date o				_	58						
Mailing Address PO Box 53852							0 2	M .	D 2	24	/ Y	ž	0 1 1	Y				
•	State AZ	Zip Code 85072-3852					Amou	nt o	Each	Dis	burse	men	t this F	Perio	b			
Purpose of Disbursement Bank card processing fee	, <u>, , , , , , , , , , , , , , , , , , </u>	00072 0002			•								3.25					
Candidate Name					gory/													
Senate President	ment For: Primary Other (spe	General		.,	Po													
State: District:						+												
Full Name (Last, First, Middle Initial) American Express							Trans Date o	f Di	sburs	eme								
Mailing Address PO Box 53852							0 2	M .	<sup>D</sup> 2	2 8 8	/ Y	ž	0 1 1	Y				
	State AZ	Zip Code 85072-3852					Amou	nt o	Each	Dis	burse	men	t this F	Perio	b			
Purpose of Disbursement				v	-								0.65					
Bank card processing fee Candidate Name			Ca	ate	gory/													
Office Sought: House Disburse	ment For:		٦	Ту	pe													
Senate President	Primary Other (spe	General cify) ▼																
State: District:																		
SUBTOTAL of Disbursements This Page (optional)	<u></u>	·····			<u> </u>								4.91					

TOTAL This Period (last page this line number only) ......

President

District:

age# 11930329739						
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only			PAGE	25 / 28
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 26 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee					
Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 53852				ion ID: Disbursemen	nt	0 1 1 Y
City Phoenix Purpose of Disbursement	State Zip Code AZ 85072-3852	-	Amount o	f Each Dist	oursemen	t this Period
Bank card processing fee Candidate Name	ı	ategory/ Type				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services			Date of D	ion ID: D	nt	0 1 1 Y
Mailing Address WA2-505-01-40 PO Box 2485			0 2	0 1	2	0 1 1
City Spokane	State Zip Code WA 99210-2485		Amount o	f Each Dist		t this Period
Purpose of Disbursement Bank card processing fee Candidate Name	· · · · · · · · · · · · · · · · · · ·	ategory/			3	49.77
Office Sought: House Disburs Senate	ement For: Primary General	Туре				

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	350.06
TOTAL This Period (last page this line number only)		548.10

Other (specify)

State:

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 26 / 28
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	22 X 23 24 25 2
			27	28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Academy of Family Physicians	s Political Ac	tion Committe	е	
Full Name (Last, First, Middle Initial)	_			Transaction ID: D115310
Democratic Congressional Campaign Co	ommittee			Date of Disbursement  O 2 D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 430 S Capitol St SE Fl 2				0 2 7 2 5 7 2 0 1 1
City Washington	State DC	Zip Code 20003-4024		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			0 0	15000.00
Candidate Name			Category/	
			Type	
Office Sought: House Disbut	rsement For: Primary	General		
President	Other (spe			
State: District:				
Full Name (Last, First, Middle Initial)  Democratic Senatorial Campaign Comm	nittoo			Transaction ID: D115309 Date of Disbursement
Mailing Address 120 Maryland Ave NE				02 7 25 7 2011
City Washington	State DC	Zip Code 20002-5610		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		20002 0010		15000.00
Candidate Name			Category/ Type	
Office Sought: House Disbut	rsement For:		Туре	
Senate	Primary	General		
President State: District:	Other (spe	city) 🔻		
Full Name (Last, First, Middle Initial)				Transaction ID: D115305
National Republican Congressional Com	ımittee			Date of Disbursement
Mailing Address 320 1st St SE				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ & 2 & 0 & 1 & 1 \end{bmatrix}$
		Zip Code		Amount of Each Disbursement this Period
City	State DC			
City Washington Purpose of Disbursement	State DC	20003-1838		15000.00
City Washington Purpose of Disbursement Campaign contribution			Category	15000.00
City Washington Purpose of Disbursement			Category/ Type	15000.00
City Washington Purpose of Disbursement Campaign contribution Candidate Name  Office Sought: House Disbur	DC	20003-1838		15000.00
City Washington Purpose of Disbursement Campaign contribution Candidate Name  Office Sought: House Senate President	DC	20003-1838		15000.00
City Washington Purpose of Disbursement Campaign contribution Candidate Name  Office Sought: House Disbur	rsement For:	20003-1838		15000.00
City Washington Purpose of Disbursement Campaign contribution Candidate Name  Office Sought: House Senate President	rsement For:	20003-1838		15000.00

	CHEDULE B (FEC FOIII 3X)	Use separate so		(check or	E NUMBER: PAGE 27 / 28
	EMIZED DISBURSEMENTS	for each categor Detailed Summa	ary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action C	Committee		
<u> </u>	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	e			Transaction ID: D115306 Date of Disbursement
	Mailing Address 425 2nd St NE				02 7 2 5 7 2 0 1 1
	City Washington	State Zip C	ode 02-4914		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution				15000.00
	Candidate Name	_		Category/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specify)	General		
	Full Name (Last, First, Middle Initial) JESSE JACKSON JR FOR CONGRESS				Transaction ID: D115312 Date of Disbursement
	Mailing Address P.O. Box 490286				$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City Chicago	State Zip C			Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution		Γ		2500.00
	Candidate Name Rep. Jesse L. Jackson, Jr.			Category/ Type	
	X X		2012 General		
	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS				Transaction ID: D115311 Date of Disbursement
	Mailing Address PO BOX 775				02 7 2 5 7 2 0 1 1
	City Unionville	State Zip C PA 1937			Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution				2500.00
	0 "1 · N		1 (	Category/	
	Candidate Name Rep. Joe Pitts			Туре	
	Rep. Joe Pitts  Office Sought: X House Disburs		2012 General		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Action Committee	)	
Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS			Transaction ID: D115308 Date of Disbursement
Mailing Address PO Box 5843			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix} $
City Austin	State Zip Code TX 78763		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			2000.00
Candidate Name Rep. Lloyd Doggett		Category/ Type	
-	ement For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D115307
MICHAEL BURGESS FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 2334			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $
City Denton	State Zip Code TX 76202		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			5000.00
Candidate Name Rep. Michael C. Burgess		Category/ Type	
, <u>, , , , , , , , , , , , , , , , , , </u>	ment For: 2012 Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	7000.00
TOTAL This Period (last page this line number only)	<b>•</b>	72000.00

State: TX

District: 26